



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 38436		2. Name of Corporation NORTHUMBRIA CORPORATION, INC.,			
3. Street Address Principal Business Office 1495 Newport Ave.			City Pawtucket,	State RI	Zip 02861
4. Business Phone No. (401) 723-5960		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Ownership and holding vehicles					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ralph R. Ryan			Vice President Name Ralph R. Ryan		
Street Address 1495 Newport Ave.			Street Address 1495 Newport Ave.		
City Pawtucket,	State RI	Zip 02861	City Pawtucket,	State RI	Zip 02861
Secretary Name Ralph R. Ryan			Treasurer Name Ralph R. Ryan		
Street Address 1495 Newport Ave.			Street Address 1495 Newport Ave.		
City Pawtucket,	State RI	Zip 02861	City Pawtucket,	State RI	Zip 02861
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ralph R. Ryan			Director Name		
Street Address 1495 Newport Ave.			Street Address		
City Pawtucket,	State RI	Zip 02861	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 Common No Par			50	Common	No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date	JAN 05 2011
Check No.	BY 8362
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

X 1.4.10
Signature Date
RALPH R. RYAN
Print or Type Name
President
Title